

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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In our Annual Preview Issue we talk to field leaders and advocates about their hopes and wishes for the new year and about the challenges and opportunities facing the mental health community. Mental health reform legislation tops the discussion along with federal and state parity enforcement, and criminal justice reform. Meanwhile, the American Psychiatric Association in 2016 is co-hosting a national summit on criminal justice reform. A host of other advocacy organizations, including the National Alliance on Mental Illness and Faces & Voices of Recovery, are partnering with the Kennedy Forum on a new campaign to engage presidential candidates in addressing mental health and addiction-related issues.

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Field's 2016 wish list: Comprehensive MH reform, parity enforcement

Looking ahead to 2016, mental health field leaders and advocates are buoyed by the prospect of achieving comprehensive mental health reform, which they say is long overdue. The push for comprehensive reform legislation by bipartisan lawmakers has held center stage for some time now. Both House and Senate bills are gradually drawing more support from both Democrats and Republicans.

Rep. Tim Murphy's (R-Pa.) "Helping Families in Mental Health Crisis Act" and Sens. Chris Murphy (D-Conn.) and Bill Cassidy's (R-La.) "Mental Health Reform Act of 2015" are pending. Murphy's bill cleared a

Bottom Line...

A major summit in April to address the incarceration of individuals with mental health and a campaign to inform presidential candidates about behavioral health priorities are high on the agenda for many in 2016.

subcommittee hearing last November.

Other priorities for the field this new year include parity enforcement, the decriminalization of people with mental illness in the nation's jails and prisons, and getting mental illness discussed in the 2016 election.

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Mental Health Weekly looks back at some of the top MH stories of 2015

The close of federal business last year witnessed the release of the FY 2016 appropriations bill and an increase of \$50,000 over FY 2015 for the mental health block grant program. The spending bill also included an increase from 5 to 10 percent for the set-aside for evidence-based programs.

One of the priorities of the National Association on Mental Illness (NAMI) is to continue the growth of first-episode psychosis programs around the country, Ron Honberg, J.D., NAMI director of policy, told *MHW*. "We hope the \$50 million appropriation for the mental health block grant furthers the opportunity for [increases] in the number of programs that exist around the country,"

he said.

Honberg added, "We need to work at the national, state and federal level to ensure funding of the program."

The Centers for Medicare & Medicaid Services (CMS) is viewed by the field as innovators who are driving positive change, via a number of efforts in 2015, said Linda Rosenberg, president and CEO of the National Council for Behavioral Health. On October 19, 2015, the CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a total of \$22.9 million to support states in their efforts to improve behavioral health by providing mental health

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“For 2016, I’m optimistic that more states will move forward to meeting their *Olmstead* obligations,” Robert Bernstein, Ph.D., executive director at the Bazelon Center for Mental Health Law, told *MHW*. “In this regard, I see great opportunities as the Affordable Care Act (ACA) gains wider acceptance. Not only will more individuals have access to mental health care through their insurance, but more states will see how the ACA helps them with funding for the community-based services they should be providing in order to comply with *Olmstead*.”

Bernstein added, “Also, Congress has the opportunity to come back and work on real reform of the mental health care system. I hope to see proposals that focus on making sure that supports and services are available to people in their communities.”

The quest for comprehensive reform has received the most attention from the mental health community and lawmakers by far in 2015. Both bills represent historic legislation for the first time in decades, said Renée Binder, M.D., president of the American Psychiatric Association. “A comprehensive mental health reform bill is one of the huge things we’re looking forward to,” Binder told *MHW*. The legislation, Binder noted, would bring system-

wide reform and improvements to care for patients and access to psychiatric treatment.

“As to be expected, there are minor policy differences between the two,” Binder said. “Although the bills are remarkably similar, there is considerable overlap.” The quest for reform has become a bipartisan issue in Congress as people are recognizing the need to do something to improve access to mental health care, she said.

“Our top priority continues to be getting comprehensive mental health legislation passed and hopefully signed by the president,” Mark Covall, president and CEO of the National Association of Psychiatric Health Systems, told *MHW*. “We see comprehensive mental health reform as way overdue. The time is now to move forward and hopefully work with the mental health community as we continue to look at the details and work with Congress to make reform a reality.”

Parity enforcement

Although more than five years have passed since the passing of the Mental Health Parity and Addiction Equity Act, there has been only minimal enforcement on both the state and federal levels.

“We continue to support further clarity in the mental health law so

that there’s more transparency,” Covall said. An important step in complying with the mental health parity law is for health insurers to fully disclose how they’re complying with the law, he said.

The American Psychiatric Association has made some efforts to educate consumers about what they can do about health care plans that are not in compliance with the parity law, said Binder. The APA has created the “Fair Insurance Coverage: It’s the Law” document that can be posted in such places as physicians’ offices and break rooms at workplaces. It’s also available on the APA website. “We’ve been doing that in 2015 and are continuing to do it in 2016,” she said.

Additionally, the APA has embarked on other efforts when health plans are not complying with “the spirit of the parity law,” said Binder, including support of Rep. Joe Kennedy’s (D-Mass.) bill, “The Behavioral Health Coverage Transparency Act of 2015.” The legislation will hold health insurers accountable for providing adequate mental health benefits and increase transparency for consumers seeking coverage for mental illness and substance use disorders.

The APA is encouraging consumers to let them know about insurers who are not complying with

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the parity law, and encouraging psychiatrists and other mental health providers to do the same, said Binder. “We hope to make great strides in 2016 in the enforcement of mental health parity,” she said.

Criminal justice

Binder noted that the APA will co-host, with the National Association of Counties and the Council of State Governments Justice Center, the Stepping Up National Summit in Washington, D.C., on April 17–19. The goal will be to train communities on how to decrease the number of people who are in jails and prisons, she said.

During the event, the APA will present the APEX (American Psychiatric Excellence) Awards to individuals who are advancing the cause of mental health and using public platforms to raise attention to the issue.

Ron Honberg, J.D., national director of policy and legal affairs at the National Alliance on Mental Illness, told *MHW* that NAMI is also looking forward to the summit. “It’s going to be a very intensive three-to-four-day summit,” he said. “The best solutions get forged at the local level,” Honberg said.

Regarding criminal justice, NAMI is also supportive of Sen. John Cornyn’s (R-Texas) bill, “The Mental Health and Safe Communities Act of 2015” (S. 2002).

“The bill tries to establish resources for people with mental illness and co-occurring substance use disorders,” said Honberg. Additionally, the legislation offers jail diversion programs, law enforcement training, discharge planning and re-entry services, he said. The Cornyn bill “is a good bill,” noted Honberg, although there is some controversy around a provision that seeks to clarify mental health reporting requirements, he said.

“The whole gun issue is very divisive,” Honberg said. “I believe Sen. Cornyn is trying to clarify what is already in the law.” Cornyn is faced with criticism by gun control groups,

he noted. “Getting the bill passed is one of our priorities,” Honberg said.

2016 election

“We really need to figure out how to make mental health an issue in the 2016 election,” said Honberg. The over-incarceration of people with mental illnesses in jails and parity enforcement are just some of the examples of issues NAMI would like to see candidates address, Honberg said.

NAMI and a host of other organizations are partnering with the Kennedy Forum to engage presidential candidates to address mental health– and addiction-related issues.

The Kennedy Forum’s NOW Campaign is a nationwide movement to find solutions to educate the candidates on issues important to the mental health and addictions fields. “It’s really critical that we’ve got NAMI as a partner to launch this campaign with us,” Lauren Alfred, policy director at the Kennedy Forum, told *MHW*.

“Having any 2016 candidate hear from NAMI through this coordinated effort is a big priority,” said Alfred. This is a coalition that is speaking with one voice, she said. “We want to hear from candidates about specific solutions [regarding] access, innovation, research efforts and what they plan to do for veterans,” said Alfred.

Current partners of the NOW Campaign also include the National Council for Behavioral Health, Faces and Voices of Recovery, Mental Health America, the American Foundation for Suicide Prevention and the Legal Action Center. For more information, visit www.nowcampaign.org.

Engagement

Another priority for NAMI is engagement, said Honberg. Over the last few months, NAMI has looked at what the best practices are in getting people engaged in services, he noted. “Why are people reluctant to receive services?” Honberg said. “The question is what can be done? We

convened a group of stakeholders of very diverse people” to address these issues, he said. A report is expected in early spring on what can be done to improve engagement.

Some tension already exists in the field between those who support involuntary treatment and those who oppose it, said Honberg. He also noted that he’s heard some stories about the mistreatment of people in hospitals and how the experience has added to their trauma. Their opinions about their own health have not been valued, he noted.

Young people in particular are reluctant to access treatment, said Honberg. Some feel ostracism from their peers, loss of friends, and missed opportunities for employment and the fear of negative impact on relationships, he said. “We have to figure out a way to make the system more user-friendly and humanistic, and try to [involve] people in their own care the way we see in other disciplines,” Honberg said.

Changing marketplace

The health care marketplace, including behavioral health, will continue to change, said Linda Rosenberg, president and CEO of the National Council for Behavioral Health. “We see insurance companies consolidated to actually become providers in some cases,” she said. Behavioral health organizations will be partnering with insurance organizations, hospitals, businesses and managed care companies to forge new relationships, she said. “You need strong partners,” Rosenberg said. “Health care as a commodity is really intensifying. Private investors are entering the marketplace.”

Meanwhile, not all of the field’s problems will be solved in one year, said Rosenberg.

“There will be incremental progress,” she said. “We don’t want Congress to think their job is done.” •

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and substance abuse treatment.

The planning grants, according to SAMHSA, are part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices on a more consistent basis and improve access to high-quality care.

Twenty-four states received the grants to establish certified community behavioral health clinics, and to strengthen the safety net, said Rosenberg. “We need to have a safer method for behavioral health the way we do general health,” she said.

The states were selected for planning grants under the Excellence in Mental Health Act. Ultimately, only eight states will be selected to participate in the demonstration pilot. Rosenberg noted a Twitter campaign is underway to expand the number of states allowed to participate. Part of their work on the Hill will include #Fundthe24, in order to expand the demonstration to all 24 states, she noted.

Rosenberg also pointed to CMS’s Transforming Clinical Practice Initiative designed to support more than 140,000 clinician practices over four years in sharing, adapting and further developing their comprehensive quality improvement strategies, according to CMS officials. The initiative also would promote care coordination between providers of services and suppliers.

Rosenberg is encouraged about the number of people who have completed Mental Health First Aid. In 2015, that number was 500,000,

she said. The goal is for 1 million Americans to be trained in Mental Health First Aid by the end of 2016, she said. “The public can be advocates for people who need services and aren’t getting them,” Rosenberg said. “We have a big commitment.”

Supreme Court decision

“The most significant mental health highlight for 2015 was the U.S. Supreme Court’s decision upholding subsidies to help people buy health insurance under the Affordable Care Act (ACA),” Robert Bernstein, Ph.D., executive director of the Bazelon Center for Mental Health Law, told *MHW*. “The ruling means more people who otherwise would be uninsured will have coverage, which in turn means more people will have access to mental health care.”

Bernstein added, “Also, each time the ACA survives a court challenge, it becomes more ingrained as part of our system.”

Other highlights

A national campaign launched to change the conversation around mental health, “Change Direction,” drew together government, business and nonprofit leaders to address the urgent need for open discussions about mental health, mental illness and mental well-being (see *MHW*, March 9, 2015).

Pamela A. Hyde resigned from her position as administrator of the Substance Abuse and Mental Health Services Administration, effective August 22. Kana Enomoto is acting administrator of SAMHSA (see *MHW*,

Aug. 10, 2015).

Destination Dignity march organizers descended on Washington, D.C., in a national effort calling for dignity, rights and support for the millions of people with mental health conditions (see *MHW*, Aug. 31, 2015).

Thomas R. Insel, M.D., director of the National Institute of Mental Health, announced his departure after 13 years at the helm. Insel accepted a new position to join the Google life sciences team. Bruce Cuthbert, Ph.D., is serving as the acting director (see *MHW*, Sept. 21, 2015).

Providers transitioned to new ICD (International Classification of Diseases)-10 codes used to standardize medical conditions and procedures on October 1, 2015 (see *MHW*, Sept. 21, 2015).

New research by the National Institutes of Health found that treating people with first-episode psychosis with a team-based, coordinated approach produces better clinical and functional outcomes than typical community care. The project, Recovery After an Initial Schizophrenia Episode (RAISE), was headed by John M. Kane, M.D., professor and chairman of the Department of Psychiatry at the Hofstra North Shore-LIJ School of Medicine. The findings were published in October 2015 in the *American Journal of Psychiatry*.

The House Energy and Commerce Health Subcommittee advanced Rep. Tim Murphy’s (R-Pa.) mental health reform bill on a mostly party-line vote of 18–12 on Wednesday (see *MHW*, November 9, 2015). •

Readers reveal hopes, challenges and opportunities for 2016

We asked our readers to send us their thoughts on the challenges and opportunities awaiting the field in 2016. Here are some of the comments we received.

David C. Guth Jr., CEO, Centerstone, Nashville, Tenn.

Change will continue to be a

theme in behavioral health care in 2016, bringing both challenges and opportunities. There are three important trends I see on the horizon:

1. *Integrated care.* Better coordination of mental and physical health care is vital to our ability to stem rising health care costs and improve the

health and well-being of people. Centerstone has seen great gains among our clients because of integrated care, and we will continue to invest in it as well as pursue additional integrated care partnerships in the year to come.

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Increase resources for MH reform without fostering stigma

By Brian Hepburn, M.D. and Stuart Yael Gordon

The National Association of Mental Health Program Directors (NASMHPD) — the member organization representing the state agency executives responsible for the \$37 billion public mental health service delivery systems serving 7.2 million people annually in 50 states, four territories and the District of Columbia — is optimistic that 2016 is ushering in a new era of congressional willingness to provide the necessary federal resources to help individuals with serious mental illness gain improved access to needed mental health services.

The congressional leadership and many members of Congress have, over the last two sessions, worked tirelessly to produce and fund innovative, evidence-based approaches to supporting treatment, crisis services and recovery for individuals with serious mental illness. But we also feel compelled to say that — whatever the merits of the legislation currently being considered in the House of Representatives and U.S. Senate — the tone, level and substance of the rhetoric used by some advocates and champions in attributing the rise in gun violence and mass shootings to mental illness is troubling. We believe this heightened rhetoric is producing an environment of heightened social stigma for individuals in the community who are struggling with a serious mental illness.

Advocates for and champions of mental health reform need to keep in mind that individuals with mental illness are more than 10 times more likely to be the victims of violence than the perpetrators. The Department of Health and Human Services notes on its www.mentalhealth.gov/basics/myths-facts website that only 3 to 5 percent of violent acts can be attributed to individuals living with a serious mental illness.

The New York Times also noted in a www.nytimes.com/2015/12/16/opinion/dont-blame-mental-illness-for-gun-violence.html?_r=0: “[M]ass shootings represent a small percentage of all gun violence, and mental illness is not a factor in most violent acts. According to one epidemiological estimate, entirely eliminating the effects of mental illness would reduce all violence by only 4 percent. Over all, less than 5 percent of gun homicides between 2001 and 2010 were committed by people with diagnoses of mental illness. ...”

NASMHPD cautions that the heightened social stigma engendered by the poisonous rhetoric linking gun violence and mental illness could, in the long run, undermine the value of any mental health reform legislation enacted, by reducing the willingness of

individuals affected by the legislation to seek or accept the newly enhanced services. Such a result would be unfortunate, and one that would undermine the exceptional gains we have made through the recovery movement, including consumer voice, trauma-informed approaches and wellness.

Providing increased resources for early intervention

Having offered this cautionary note, NASMHPD commends Congress on increasing funding for early intervention services under the FY 2016 Substance Abuse and Mental Health Services Administration appropriations. The increase in the mental health block grant set-aside for early intervention services from 5 percent of the block grant to 10 percent, coupled with the \$50 million increase in mental health block grant funding, means states will have more resources to focus on services that address the needs of youth and young adults after a first episode of psychosis.

NASMHPD also hopes the additional monies designated for early intervention will free up resources to enable states to reach youth even earlier in the development of emotional distress and mental illness to more cost-effectively and with greater clinical effectiveness prevent even an initial onset of psychosis. Research has shown that each successive episode of psychosis makes it ever more difficult to recover from a serious mental illness and integrate productively in the community. Avoidance of even the first episode of psychosis through early identification of troubled youth and the provision of cognitive therapy in family-based settings offers the promise of significantly reducing long-term costs and producing both short- and long-term positive clinical outcomes. Such outcomes can include a quicker path to living in the community, being employed, continuing one’s education, achieving wellness, building social supports and establishing an overall sense of contributing to one’s community.

Building a comprehensive, balanced continuum of care

NASMHPD also appreciates the growing recognition in Congress and at the Centers for Medicare and Medicaid Services that a comprehensive continuum of care may require a very brief stay in a hospital setting to stabilize individuals in crisis before they can move to and recover in a community setting. As Congress looks at how to best finance such coverage, we stand ready to

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help in maintaining the appropriate balance between hospital treatment and community integration and to promote seamless linkages between these settings.

In conclusion, NASMHPD looks forward to the eventual enactment by Congress of meaningful and comprehensive mental health reform. We ask only that, in the interim,

advocates and champions avoid public dialogue that confuses the need for mental health reform with public efforts to end gun violence.

Brian Hepburn, M.D., is executive director of the National Association of State Mental Health Program Directors, and Stuart Yael Gordon is director of public policy for NASMHPD.

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2. *The move to value-based payment systems.* This trend requires that all health care providers better measure and improve patient outcomes and experiences. In response, Centerstone is investing in value-added care, looking at both the clinical outcome of our services and the impact of exceptional behavioral health on total health care costs. We are focused on enhancing the customer experience for both the people we serve and the health plans that partner with us. We also are working with health plans in states where we are located on opportunities to bring Centerstone's cutting-edge models of care to each of the markets within which we operate.

3. *Consolidation.* The health care industry as a whole is seeing a spike in consolidation. Consolidation makes sense in the current environment because it allows provider organizations to achieve the scale they need to make critical investments in innovative care and technology. Centerstone has grown significantly through mergers the last several years, and we anticipate this continuing both within our existing markets and in new geographies.

Eliza Kingsford, M.A., LPC, executive director, Wellspring Camps, Marietta, Ga.

The biggest challenge the clini-

cians at Wellspring Camps will face in 2016 will be working with insurance companies around the newly recognized binge eating disorder (BED) diagnosis. Although BED was included in the *DSM-5 (Diagnostic Statistical Manual)* published in 2013, the diagnostic codes and criteria did not officially make the full switch until October 2015.

While insurance companies now recognize BED as a treatable diagnosis, there is still controversy about the necessary levels of care and types of treatment that are most effective. Insurance companies rightfully want to see evidence-based treatments being used so they can gain confidence in the long-term effect of treatment, but the truth is that binge eating is not a simple problem. It's a complex, multifaceted issue that requires comprehensive solutions for recovery, which could include cognitive behavioral therapy and nutrition and exercise coaching. The need for customized programs makes it challenging to get insurance companies to pay for the types of treatment clinicians deem necessary and effective.

Our challenge lies in helping the insurance companies understand the importance and role of immersion and intensive treatment. This will help patients — in our case, children, teens and young adults — gain access to the treatment they need.

Jeffrey Borenstein, M.D., president and CEO, Brain & Behavior Research Foundation, New York, N.Y.

One of the greatest challenges to the field of brain research is that we are at risk of losing an entire

generation of young investigators.

Today we are at a crossroads. This is a promising time for brain research, with tremendous opportunities for breakthroughs in new technology, next-generation therapies and early intervention techniques. Simultaneously, funding for scientific research has declined and dwindling resources have led to increased competition for federal grants, lab closures and a lack of incentives for young people who wish to pursue careers in research but are frustrated by their inability to obtain funding and move ahead in their careers.

The Brain & Behavior Research Foundation is addressing this problem through a funding model that supports scientists at every stage of their careers. Our Young Investigator Grants support the work of promising young scientists with innovative ideas for groundbreaking neurobiological research. These grants offer the first critical support for a young scientist's work that may not otherwise receive funding, permitting them to begin careers as independent research faculty or garner pilot data for innovative ideas to develop "proof of concept" for their work.

These grants (\$35,000 a year for two years) make a huge difference in the career of a young investigator. Once the grant project is complete, these young investigators usually go on to receive subsequent funding valued at 11 to 19 times the original grant amount.

In order to ensure there is a next generation of scientists, we must urge the government to fund research and support private philanthropy that provides funding for young investigators.

Debra L. Wentz, Ph.D., president and CEO, New Jersey Association of Mental Health and Addiction Agencies, Trenton, N.J.

Always, I am inspired by stories of recovery, which prove that commitment and funding lead to positive outcomes for children and adults who receive services and supports.

The fact that more people are talking about their mental illnesses and addictions bodes well for moving to the next step — gaining more political will to fund services — because there will be growth in demand from aging baby boomers and the Medicaid expansion. However, the gun debate must be separated from talk about mental illness, as it will help eliminate stigma. In addition, investment in technology for the field is essential.

The Excellence in Mental Health Act is positive. We hope our advocacy to fund all 24 states that received planning grants will succeed. Much more is needed to expand reimbursement rates to a cost-based system.

With many proposals for overcoming the Institutions for Mental Disease exclusion, one should succeed soon, but it will not totally pay for long-term care.

While more consolidations will happen, specialty mental health and substance use services will always be needed, particularly for super-utilizers.

The challenge to attract and retain qualified staff will increase, especially with the improved economy and rising health care costs. With the current payment methodology, non-profits cannot compete with government. The field needs to make workforce development and retention a priority.

Joel E. Miller, executive director and CEO, American Mental Health Counselors Association, Alexandria, Va.

Based on what we have witnessed in the public opinion polls in 2015 on the GOP presidential nomi-

nee race, it is a dangerous business making any kind of prediction for 2016 — political or otherwise. Regardless, here is my fearless prediction for 2016: It is going to be “The Year of Cost Containment” and it will mainly focus on three fronts — Medicare, Medicaid — all under the banner of “reform” — and private-employer cost control strategies. But it will be all about laying the groundwork for the big push in 2017.

Medicare reform: This is a pet project of House Speaker Paul Ryan. The GOP believes Medicare is pivotal to an effective reform of U.S. health care because of its dominant regulatory role. Medicare’s rules for paying hospitals, physicians and behavioral health providers heavily influence how care is delivered — and financed — to all patients, not just Medicare enrollees.

Republicans support a conversion of the program, on a prospective basis, to a premium support model. Beneficiaries would be entitled to a fixed level of federal support for their insurance and would be given the opportunity to pick from a number of competing insurance options, including the traditional program and private insurance plans.

Other changes in Medicare that congressional Republicans will tout include updating the statutory benefit to rationalize the program’s cost-sharing requirements in a benefit that combines hospitalization coverage with outpatient and physician care and gradually increasing the age of eligibility.

As more baby boomers come into the Medicare system, and many with mental health conditions, you can bet that Congress is keeping an eye on how the Feds are going to finance this “Silver Tsunami.”

But it is an election year, so we will likely see several hearings in both chambers with these Medicare reform issues in mind, but little movement, as the Democrats oppose most of these reforms. However, many conservative-leaning

think tanks will push these reforms in 2016 and beyond.

Medicaid reform: Medicaid has experienced rapid cost growth over many years, even as the services it provides to lower-income households are far from adequate. According to key Republican leaders on health care (and some Democrats), a fundamental problem is the split financial responsibility for the program.

The GOP would like to see the program divided into its two distinct subparts, one for able-bodied adults and their children and the other for the disabled and elderly. Under GOP reforms, the federal government would make fixed, per capita payments to the states based on historical spending patterns for the program’s two population groups.

Able-bodied adults and children who are eligible for Medicaid would get the federal tax credit as a base level of support for health insurance. Medicaid would then serve as a supplement to the credits. All of these strategies could have major implications for mental health. You can count on lots of congressional hearings on Medicaid as well.

Private-sector cost containment (or mental health goes mainstream): We know that the best health care systems are the ones that focus on tertiary prevention — preventing people with serious chronic conditions from having an exacerbation of their condition or side effects of treatment that require hospitalizations or other expensive interventions.

Avoiding these kinds of repeat ER visits and hospitalizations for preventable problems are becoming a major area of focus for cost control for private purchasers (major self-insured corporations), and now they are focusing on mental health conditions.

Whereas a number of health care systems have begun to figure out how to institute tertiary preventive care for chronically ill patients — or are focused on it and will find

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solutions soon — only a handful are beginning to really attend to mental health conditions of regular patients in a significant way, particularly depression, anxiety disorders and social isolation.

Mental health integration with physical health and overall parity will begin to get more ingrained — not because any legislature mandates it but because health systems find it necessary to improve quality and reduce total health care costs. And the pressure will come from the private-employer community who are seeing major increases in their premiums, due, in large part, to rapidly rising mental health costs.

Then over the long term, patients' mental health problems will be taken seriously — and seriously addressed by the mainstream.

In sum, "The Year of Cost Containment" in 2016 will serve as the foundation as it will turn into "The Year of Living Dangerously" in 2017 — but it will be a very exciting time, with major opportunities for the mental health community when a new president and Congress are in place. •

In next week's issue, we'll include the remainder of reader comments we received.

For more information on behavioral health issues, visit www.wiley.com

STATE NEWS

Kentucky advocacy group says too many foster children in residential treatment

Kentucky child welfare officials place too many children with mental health problems in institutions for too long when they could be better served by relatives or foster families, according to Kentucky Youth Advocates. "We need to try to keep fami-

Coming up...

The **American Group Psychotherapy Association** is hosting its 2016 annual meeting, "Transformation in Group: From Isolation to Connection," **February 22–27** in **New York City**. Visit www.agpa.org for more information.

The **National Council for Behavioral Health** will hold its annual conference **March 7–9** in **Las Vegas**. For more information, visit www.thenationalcouncil.org/events-and-training/conference/register.

The **29th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health** will be held **March 13–16** in **Tampa, Fla.** Visit <http://cmhconference.com> for more information.

The **US Psychiatric Rehabilitation Association** will hold its 2016 Recovery Workforce Summit, "The State of Recovery in the World of Psych Rehab: Our Collective Vision Put Into Action," on **May 22–25** in **Boston**. For more information, visit www.uspra.org.

lies safely together before looking at other options," said Terry Brooks, the advocacy group's executive director. Anya Weber, a spokeswoman for the Cabinet for Health and Family Services, said about 12 percent of Kentucky's foster children are placed in a residential program, which is slightly below the national average of 14 percent. The Kentucky Youth Advocates brief said that 33 states are using such residential treatment centers at a lower rate than Kentucky. The brief said children should be placed in the centers only when they need treatment and not because there is a lack of other options. Cabinet officials announced in early December a pilot program that

will be in Fayette County and paid for with federal funds. It will help children that the state removes from their homes get more immediate, precise treatment when they have behavioral health issues. State officials think that should ultimately lead to better outcomes.

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In case you haven't heard...

Barry S. Anton and Susan H. McDaniel, the president and president-elect of the American Psychological Association, respectively, on December 28 applauded *The New York Times* for opposing the idea that gun violence can be prevented by addressing mental illness. In response to the *Times*' December 16 editorial "Mental Illness and Gun Violence," Anton and McDaniel wrote, "This concept is being used to distract from policies and legislation that would focus on preventing gun violence through a scientific, public health approach." They cited some of the risk factors for gun violence: drug and alcohol use, intense emotional crisis, economic factors and access to a gun. "We need Congress and other policy makers to address these factors with interventions supported by evidence rather than avoiding them by scapegoating the mentally ill," they wrote. "We specifically call on Congress to pass legislation that would require minimal criminal background checks for all gun sales and to fund research on gun violence."